


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	ACTIVE NIGHT VISION CONTROL SYSTEM		
Application Type : regular, utility Attorney Docket Number : FLD 0109 PUS			
Correspondence address: Customer Number: 36014 			
<b>Inventors Information:</b>  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Jeffrey <b>Middle Name:</b> T. <b>Family Name:</b> Remillard <b>Residence:</b> <b>City of Residence:</b> Ypsilanti <b>State of Residence:</b> MI <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 5949 Cottonwood <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Ypsilanti <b>State of Mailing Address:</b> MI <b>Postal Code of Mailing Address:</b> 48197 <b>Country of Mailing Address:</b> US <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b>  <u>Inventor 2:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Michael <b>Middle Name:</b> A.			

**Family Name:** Marinelli  
**Residence:**  
**City of Residence:** Northville  
**State of Residence:** MI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 19356 Northridge Drive, Apt. H  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Northville  
**State of Mailing Address:** MI  
**Postal Code of Mailing Address:** 48167  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

Name	Registration Number
Jeffrey J. Chapp	50,579

**Publication Information:**  
**Suggested Figure for Publication - Figure 1**  
**Suggested Classification -**  
**Suggested Technology Center -**  
**Total Number of Drawing Sheets -**

**Assignee 1:**

**Organization Name:** Ford Motor Company  
**Address-1 of Mailing Address:** American Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Dearborn  
**State of Mailing Address:** MI  
**Postal Code of Mailing Address:** 48126  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Assignee 2:**

**Organization Name:** Lear Corporation  
**Address-1 of Mailing Address:** 21557 Telegraph Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Southfield  
**State of Mailing Address:** MI

**Postal Code of Mailing Address:** 48034

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**